

## PART B - ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

**1. CORRESPONDENCE ADDRESS**

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**2. INVENTOR(S) ADDRESS CHANGE** (Complete only if there is a change)

**INVENTOR'S NAME**  
Street Address  
City, State and ZIP Code

**CO-INVENTOR'S NAME**  
Street Address  
City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
01-1812-01E	08/24/90	1	183	05/24/90

First Named Applicant: **SPRUNG HORN KRAMER & WOOL**

**TITLE OF INVENTION**  
USE OF 3'-DEOXYTHYMIDIN-2'-ENE (3'-DEOXY-2',3'-DIPHENYLBROTHYIMIDINE) IN TREATING PATIENTS INFECTED WITH RETROVIRUSES

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
01-1812-01E	514-050.000	F24	UTILITY	NO	\$620.00	08/24/90

3. Further correspondence to be mailed to the following:

4. For printing on the patent page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

**SPRUNG HORN KRAMER & WOOL**

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19-3869 110 142

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<b>5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT</b> (print or type) (1) NAME OF ASSIGNEE: <b>YALE UNIVERSITY</b> (2) ADDRESS: (City & State or Country) <b>New Haven, Connecticut</b> (3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION <b>Connecticut</b>		<b>6a. The following fees are enclosed:</b> <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____ (Minimum of 10) <b>6b. The following fees should be charged to:</b> <b>DEPOSIT ACCOUNT NUMBER 19-3869</b> (Enclose Part C) <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____ <input type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10)	
<b>A. <input type="checkbox"/> This application is NOT assigned.</b> <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		<b>The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.</b> (Signature of party in interest of record) <b>Donald Horn</b> (Date) <b>8-17-90</b> <b>NOTE:</b> The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

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